

Billed 51650424037
Paid H6313 \$650⁰⁰
Actual Weight 8,760

This Memorandum

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper No. _____

Carrier No. 10306

Page 1 of 1

Laidlaw Environmental Services, Inc.

(Name of carrier)

(SCAC)

Date 04-20-95

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430, Sec. 1.

TO: **TAMKO**

Street 12459 Arrow Highway

City Rancho Cucamonga State CA Zip Code 91739

FROM: Shipper **Douglas Aircraft Company- C6**

Street 19503 South Normandie Avenue

City Torrance

State CA

Zip Code 90502

24 hr. Emergency Contact Tel. No. 1-800-242-9300 (Chemtrec)

Mailing Address
3855 Lakewood
BLVD., LONG
BEACH, CA 90806
Dept. C1-000
Mailing Code 11-11

Route

Vehicle
Number

No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
1 X 20yd		Empty metal containers B/L # 10306	8,560 LBS	8,560 LBS		

PLACARDS TENDERED: YES ☐ NO ☒

REMIT
C.O.D. TO:
ADDRESS

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$ _____ per _____

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by ~~Highway~~ ~~Water~~ (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.

X Robert G. Tuell, Jr.

COD

Amt: \$

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ \$

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collected ☐

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER **Douglas Aircraft Company- C6**

CARRIER **Laidlaw Environmental Services, Inc.**

PER **Robert G. Tuell, Jr.**

PER *X Robert G. Tuell, Jr.*

DATE

4/20/95

3

Permanent post-office address of shipper.

STYLE F60 LABELMASTER, Div. of American Labelmark Co., Chicago, IL 60646 312/478-0900

WORK ORDER



221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT. NO

240120

BILLING ADDRESS

DOUGLAS AIRCRAFT
190TH X NORMANDIE
TORRANCE CA

SERVICE ADDRESS

SAME

WORK ORDER NO.

13901

13900

Billed
51650424037
H6313

ORDER DATE	DATE TO BE DONE	CUSTOMER P.O. #	ORDERED BY	TELEPHONE#	CONTACT PERSON
04/19/95	04/20/95	27064-H6313	FRED WENDLAND	(310) 4089104	
REP.	DIV. #	DEPARTMENT	CUSTOMER'S EPA #	CUSTOMER'S BD OF EQUAL #	CONTACT PHONE #
DF	516-500	TRANS			() () ()

closed

1 ROLL OFF DELIVER 20YD ~~OPEN~~ TOP P/U I LOADED FOR DISPOSAL
IN YARD 0615 ON SITE 0700

Arrived at DAC C6 0700
Left DAC C6 1000

DRIVER COMPLETE:

SERVICES PERFORMED *DELIVER EMPTY BIN# R18095 ML*
TO JOB SITE - SWAP BINS - WAIT - HAUL
BIN# 10306 TO WILM. YARD.

START TIME *06:00*

STOP TIME

START MILES *350396*

END MILES

TRUCK NUMBER *16067*

TRAILER NUMBER *160537*

Manifest Number

Date Completed

Drivers Name

J. DOLAN

ments

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature

Robert G. Snell, Jr. 4-20-95

PRICING INSTRUCTIONS - DRUMS

Clerical _____	Hrs. @ _____	Per Hr. _____
Project Manager _____	Hrs. @ _____	Per Hr. _____
First Technician _____	Hrs. @ _____	Per Hr. _____
Second Technician _____	Hrs. @ _____	Per Hr. _____
Third Technician _____	Hrs. @ _____	Per Hr. _____
Fourth Technician _____	Hrs. @ _____	Per Hr. _____
Fifth Technician _____	Hrs. @ _____	Per Hr. _____
Truck # _____	Hrs. @ _____	Per Hr. _____
Truck # _____	Hrs. @ _____	Per Hr. _____
Truck # _____	Hrs. @ _____	Per Hr. _____

Sundays, Holidays, and After Hours @ _____ % = _____

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

_____ 5 Gal. Cans Liquid @ _____	Each
_____ 5 Gal. Cans Solid @ _____	Each
_____ 5 Gal. Cans Lab Packed @ _____	Each
_____ 55 Gal. Drums Liquid @ _____	Each
_____ 55 Gal. Drums Solid @ _____	Each
_____ 55 Gal. Drums Lab Packed _____	Each
_____ Empty 5 Gal. Cans @ _____	Each
_____ Empty 55 Gal. Cans @ _____	Each

County Tax _____

MATERIALS USED

_____ 5 Gal. Cans @ _____	Each
_____ 55 Gal. Drums @ _____	Each
_____ Recovery Drums @ _____	Each
_____ Bags Vermiculite @ _____	Each
_____ Bags (Other Describe) @ _____	@ _____ = _____
_____ Hazardous Waste Labels @ _____	Each
_____ Drum Liners @ _____	Each

Safety Equipment Number of Sets _____ @ _____ = _____

PRICING INSTRUCTIONS - PUMPING

Compensation _____	Hrs. @ _____	Per Hr. _____
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Washout Fee _____

Dump Fee _____

TOTAL _____